

Alcohol Baseline Progress Note

Date: _____ Time spent: _____

Patient name: _____

AUDIT score (if done): ☐ (positive = ≥ 8 for men; ≥ 4 for women)

Screening question:

Heavy drinking days in the past year
(≥ 5 drinks for men/ ≥ 4 for women) ☐ days (positive = ≥ 1)

Continue if screen is positive:

Average weekly drinking ☐ drinks per week

DSM-IV (revised) symptom criteria:

Abuse—Repeated or persistent problems in any of these areas because of drinking?

☐ no ☐ yes **role failure** ☐ no ☐ yes **run-ins with the law**

☐ no ☐ yes **risk of bodily harm** ☐ no ☐ yes **relationship trouble**

Is **one or more** positive? ☐ no ☐ yes → **Alcohol abuse**

Dependence—Any of the following symptoms in the past year?

☐ no ☐ yes **tolerance** ☐ no ☐ yes **spent a lot of time on drinking-related activities**

☐ no ☐ yes **withdrawal**

☐ no ☐ yes **not been able to stick to drinking limits** ☐ no ☐ yes **spent less time on other matters**

☐ no ☐ yes **not been able to cut down or stop in spite of attempts** ☐ no ☐ yes **kept drinking despite psychological or physical problems**

Are **three or more** positive? ☐ no ☐ yes → **Alcohol dependence**

Additional history: _____

Physical examination and laboratory: _____

Assessment:

☐ Negative alcohol screen

☐ Alcohol abuse

☐ Alcohol withdrawal

☐ At-risk drinking

☐ Alcohol dependence

Plan:

☐ Repeat screening as needed

☐ Patient education about drinking limits

☐ Recommended drinking within limits → Did the patient agree? ☐ yes ☐ no

☐ Recommended abstinence → Did the patient agree? ☐ yes ☐ no

☐ Naltrexone 50 mg daily

☐ Acamprosate 666 mg 3 times daily

☐ Disulfiram 250 mg daily

☐ XR-Naltrexone injectable

☐ Acamprosate 333 mg 3 times daily (for moderate renal impairment)

☐ Thiamine 100 mg IM/PO

☐ Other medication/dosage: _____ ☐ Referral (specify): _____

☐ Other plan (specify): _____

Followup:

Alcohol Followup Progress Note

Date: _____ Time spent: _____

Patient name: _____

Heavy drinking days in the past **month**

(≥ 5 drinks for men/ ≥ 4 for women)

days (positive = ≥ 1)

Average weekly drinking in the past **month**

drinks per week

Working diagnosis: ☐ At-risk drinking ☐ Alcohol abuse ☐ Alcohol dependence

Goal: ☐ Drinking within limits ☐ Abstinence

Current medications: ☐ Naltrexone ☐ Acamprosate ☐ Disulfiram

☐ Other (specify): _____

Interval history and progress:

Physical examination and laboratory:

Assessment: ☐ At-risk drinking ☐ Goals fully met
☐ Alcohol abuse ☐ Goals partially met
☐ Alcohol dependence ☐ Goals not met

Plan:

☐ Repeat screening as needed ☐ Patient education about drinking limits
☐ Recommended drinking within limits \longrightarrow Did the patient agree? ☐ yes ☐ no
☐ Recommended abstinence \longrightarrow Did the patient agree? ☐ yes ☐ no
☐ Naltrexone 50 mg daily ☐ Acamprosate 666 mg 3 times daily ☐ Disulfiram 250 mg daily
☐ XR-Naltrexone injectable ☐ Acamprosate 333 mg 3 times daily (for moderate renal impairment)
☐ Thiamine 100 mg IM/PO
☐ Other medication/dosage: _____
☐ Referral (specify): _____

Followup:

Additional plan (withdrawal treatment, coexisting conditions): _____

